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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	MN	DRAWING 33	49	14
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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## TITLE

MONITOR SUPPORT SYSTEM

FILING FEE	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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